



## Missouri Pharmacy Program – Preferred Drug List



### Insulins – Mix

***Effective 10/19/2005***

***Revised 10/02/2014***

#### **Preferred Agents**

- Novolog Mix 70/30
- Humalog Mix 75/25
- Humalog Mix 50/50
- Novolin 70/30
- Humulin 70/30

#### **Non-Preferred Agents**

- Relion 70/30

| <b><u>Approval Criteria</u></b>  | <b><u>Denial Criteria</u></b>                          |
|--|--|
| Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents <ul style="list-style-type: none"><li>○ Documented trial period for preferred agents</li><li>○ Documented ADE/ADR to preferred agents</li></ul> | Lack of adequate trial on required preferred agents    |
| Documented compliance on current therapy regimen   | Therapy will be denied if no approval criteria are met |
|  | Drug Prior Authorization Hotline: (800) 392-8030       |